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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875									Application or Docket Number 10/539,478			ing Date 22/2005	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)									SMALL ENTITY				HER THAN	
	FOR		NUMBER FILED		NUMBER EXTRA		Г	RATE (\$)	FEE (\$)	П	RATE (\$)	FEE (\$)		
	BASIC FEE (37 CFR 1 16(a), (b),	or (c))		N/A		N/A		ı	N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), a	or (m))	N/A			N/A		ı	N/A		1	N/A		
EXAMINATION FEE (37 CFR 1,16(o), (p), or (q))			N/A			N/A		1	N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		us 20 =	•		l	x s =		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 =			•			x \$ =		1	X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE	If the specification and dra sheets of paper, the appli- is \$250 (\$125 for small en additional 50 sheets or fra 35 U.S.C. 41(a)(1)(G) and			pplication l entity) r fraction	n size fee due for each n thereof. See							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))											1			
* If the difference in column 1 is less than zero, enter "0" in column 2.									TOTAL		1	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL ENTITY O			OTHER THAN OR SMALL ENTITY		
AMENDMENT	02/16/2011	CLAIMS REMAINING AFTER AMENDMENT			HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1.16())	· 21		Minus	·· 24		= 0	ı	x s =		OR	X \$52=	0	
	Independent (37 CFR 1.16(h))	• 2		Minus	3		- 0		x \$ =		OR	X \$220=	0	
	Application Size Fee (37 CFR 1.16(s))													
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))										OR			
									TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)														
AMENDMENT		CLAIM REMAIN AFTE AMENDA	IING R		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
	Total (37 CFR 1,16())	*		Minus	:		-		x \$ =		OR	x s =		
	Independent (37 CFR 1 16(h))			Minus	**		-		X \$ =		OR	X \$ =		
	Application Size Fee (37 CFR 1.16(s))]			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))							l			OR			
* If the errity in column 1 is less than the errity in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For in This SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For in This SPACE is less than 30, enter "20". * If the "Highest Number Previously Paid For in This SPACE is less than 30, enter "20". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "20". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "30". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "30". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "30". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "30". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "30". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "40". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "40". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "40". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "40". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "40". * If the "Highest Number Previously Paid For in This SPACE is less than 40, enter "40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40". * If the "Highest Number Previously Paid For in This SPACE is less than 40".													_	
	*Highest Number P							foun	d in the appro	priate box in colu	mn 1.			

This collection of information is equiest by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public within is left and by the USPTO to process) an application. Confidentiality is ownered by 83 USS. of 22 and 37 CFR 1.14. This collection is estimated to their 21 minutes to complete including gathering, pepaying, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the sensor of time you require to complete the form and/or suggestions for reducing this burden, should be sent to the CHIP Information Office. U.S. Patent and Trademark Office. U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.